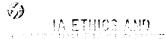
FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073 electronically.



2010 MAY 17 AH 9: 05

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically. Reset Form

in a contract of the contract	ement of Organization)			
patshey.com			FORM	
IMPORTANT: Indicate by # type of committee you are (1)Statewide/Legislative/Judge Standing for Retention (4)County Central Committee (5)County Candidate Subdivision Candidate (8)County PAC (9)City PAC 11) Local Ballot Issue	n reporting for: 6 n Candidate (2)State PAC (3)State Party (6)City Candidate (7)School Board or Other Political (10)School Board or Other Political Subdivision PAC	(E	DR-2 Rev. 12/2009) or Office Use Onli	DISCLOSURE REPORT
CANDIDATE COMMITTEES ONLY:				
Candidate Name	Political Party (if applicable)			
Pat Shey	n/a			
Office Sought City Council	District (if Senate or House)		udited	
Late reports are subject to possible civil and criminal candidate's committee, and the chairperson, for any SIGNAPURE OF PERSON FILING REPORT	penalties. Pursuant to Iowa Code sections 68B.32A(other type of committee, is the individual responsible 3/9-362-2277 TELEPHONE	for filing t	imely and accurat	e reports.
10-28-00				
AM FILING A 10-28-09	,		ELECTION YEA	R.
(report date)	Indicate by #			
CHECK IF AMENDMENT TO REPORT DATE	o <u>10-28-09</u> [i	ocal Com	nmittees, enter Date	e of Election
Check if this is final (termination) report and at (You must continue to file reports until a	DR-3 is filed.)	11-03-09 County & I which Elec Linn) Local Committees, ction is held	enter County in
STATEMENT OF CASH	ON HAND			
CASH ON HAND at the beginning of the reporting committee. This amount MUST be the soft the last reporting period or must be ze	g period. (Total of all funds held by the same as the cash on hand at the end ero if this is first report filed.)		1,456.69	
ADD TOTAL MONEY TAKEN IN THIS I		ф		
	attach Schedule A) (*also see in-kind below)		8,398.97	
Schedule F: Loans Received total (Attac	ch Schedule F)	••••••		
			0.00	
Schedule H: Total Sales of Campaign P	roperty (Attach Schedule H)	•••••	0.00	
Schedule H: Total Sales of Campaign F (Schedule H applies to Candi	Property (Attach Schedule H)	••••••		
Schedule H: Total Sales of Campaign F (Schedule H applies to Candid	Property (Attach Schedule H)			
Schedule H: Total Sales of Campaign F (Schedule H applies to Candidate of Candidat	Property (Attach Schedule H)dates' Committees Only) SUB-TOTAL		0.00	
(Schedule H applies to Candid	Property (Attach Schedule H)dates' Committees Only) SUB-TOTAL	\$	0.00	
(Schedule H applies to Candid SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach	Property (Attach Schedule H)	\$	9,855.66	
(Schedule H applies to Candid SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach	Property (Attach Schedule H)	\$	9,855.66 4,597.83	
(Schedule H applies to Candid SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach s Schedule F: Loan Repayments total (Attach s CASH ON HAND at the end of this reporting perio	Property (Attach Schedule H)	\$ \$	0.00 9,855.66 4,597.83 0.00 5,257.83	
SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach: Schedule F: Loan Repayments total (Att CASH ON HAND at the end of this reporting perior "*UNPAID BILLS (From Schedule D - Attach Sche	Property (Attach Schedule H)	\$	0.00 9,855.66 4,597.83 0.00 5,257.83 2,845.81	
SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach: Schedule F: Loan Repayments total (Att CASH ON HAND at the end of this reporting perio	Property (Attach Schedule H)	\$	0.00 9,855.66 4,597.83 0.00 5,257.83 2,845.81 0.00	
SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach s Schedule F: Loan Repayments total (Att CASH ON HAND at the end of this reporting perion TUNPAID BILLS (From Schedule D - Attach Sche TIN KIND CONTRIBUTIONS (From Schedule E - Att TOUTSTANDING LOANS (From Schedule F - Att	Property (Attach Schedule H)	\$	0.00 9,855.66 4,597.83 0.00 5,257.83 2,845.81 0.00 0.00	
SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach: Schedule F: Loan Repayments total (Att CASH ON HAND at the end of this reporting perio	Property (Attach Schedule H)	\$	0.00 9,855.66 4,597.83 0.00 5,257.83 2,845.81 0.00	0
SUBTRACT TOTAL MONEY SPENT TI Schedule B: Expenditures total (Attach: Schedule F: Loan Repayments total (Att CASH ON HAND at the end of this reporting perio "UNPAID BILLS (From Schedule D - Attach Sche IN KIND CONTRIBUTIONS (From Schedule E - Att CONSULTANT BREAKDOWN (Schedule G Attach	Property (Attach Schedule H)	\$ \$ \$ \$ \$ \$	0.00 9,855.66 4,597.83 0.00 5,257.83 2,845.81 0.00 0.00	0

For Instructions,	See	Back	of	Form
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Or	ganization)
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DAT SHEY. CO	
PIT SMEY, CV	

SCHEDULE	
A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

RECEIVED (if applii (MM/DD/YR) AND PAC NUMB	CHECK ER	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
(0-7-09 CK#	GREC ! DEB NEUMEYER 1685 MACKENZIE DR CA 52411		\$ 50	
(0-7-9 ck#	12 (CHANZO PANKEY 342 WOODLAND SEE CON 62403		100	
(U-)-4 CK#	CHUCK FANN MAMMOND 3122 PARICUEN SE UP 52403		100	
10-7-04 CK#	STEVE & JOSPINE MAHLE 2330 GRANDE SE U 12403		100	
(U-7-04) CK#	PETE LAYOEN 2315 BLAGE STE CO SZYNZ		50	
(6-1-64 CK#	BOB & SVE BUTSCHI 751 LEAFY CT SE CR SZYUB		100	
10-7-64 CK#	CALVIN'S ANTREA LEWERENZ NORRIS 1844 Gran 25 AVE SE 62 62403	÷	150	
(U-) 10# CK#	KEVIN & ILLTHLEEN KNUTSON 1574 TUNKEY RIDGE CT NW U- 52403		250	
	206 ABBOTS FORD RD		200	
υ <u> </u>	CURT & NORMA HAMES		(00	
	TOTAL (if last pag	SUB-TOTAL	\$/200	

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Page _____ of _______

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	(Must be same	as on Statement of C	Organization)	
	atsher	1.6-		

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	L DACIDARIUSED				
RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
	ID#	TOM & JEANNE AMOSSON			
10-7-09	CK#	4210 PIONEER TR SE CR 52403		\$ 100	
	ID#	DAVID UNZFITIG	<u> </u>		
10/7	CK#	308 ANDOVER SIE CR 52403		250	
	ID#	JUIN & DILLA COSGRIVE	-		
10/7	CK#	4114 HICKORY IN SE CR 52403		100	
	ID#	RICK : MARILYN SKOUMEN			
10/7	CK#	4701 ALICKONY WIND LN		100	
	ID#	MARION 52302	 		
1		Homann & STACY FREDMAN			
10/7	CK#	360 FUREST 85 CA 52403		100	
	ID#	DICK FELTER			
10/7	CK#	DICK FELTER HILL RD SE 2626 INDIAN HILL RD SE OR SELVO		50	
	ID#	CRAIG DURAN			
10/1	CK#	2101 CRAND SE		100	
	ID#	BUB & TARA MUORIMAN	_		 .
16-9	CK#	3505 GRANT WOOD FAST IN CA 52403		100	{
4	ID#	LANCY & CATYY ROZEIL			
10/9	CK#	3460 CUTTAGE GROVE SE LA S2403		250	
	ID#	CUAS. & PAULA BYRGMEIER	<u> </u>	 	
10/9	CK#	7703 WINGTON NE		100	
	1	ca salis	ALIE #674	<u> </u>	
			SUB-TOTAL	\$1250	
	•	TOTAL (if last page	e of this schedule)	\$	
				I *	1

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Page _____ of ____

For	Instructions.	See	Back	of Form
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COMMITTEE NAME (Must be same as on Statement of Organization) CHECK THIS B AMENDING FO	CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
			ECK THIS BOX IF ENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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	DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	10/9	ID#	DOVIDESMY O'BRIEN 4726 LEPRECHOUN CA 52411		\$ / 0 0	INCOME
	10/4	ID#	FRED TIMEO P.V. BUX 5513 CM 52406		150	
	10/9	CK#	JON FDINA DUSEK 4293 FOX MEADOW SE CA 52402		50	
,	10/12	CK#	TED PCATHY TOWNSFUD 13 CUTTAGE CHOVE SF CM 5243		100	
	10/12	CK#	TIM DIELL MARION TH 523.2		100	
	10/12	CK#	SALLY DR NE CA SILOZ		100	
7	10/17	CK#	ENHETT & MARY SCHEMENT 702 ISEAVER RIDGE SE CA SZYUZ		50	
	10/17	CK#	JIM CHIPOKAS 3512 KEGLIC CT SIE Co 52463		100	
	60/17	ID#	DOUG CECE VAN HETNE 440 SQUAN CREEK RA MARIUN S23.2		50	
	10/17	ID# CK#	MASTER BUILDERS IS IN 221 PARK ST PAS MONGS IN 503.0		350	
				SUB-TOTAL	\$/150	

TOTAL (if last page of this schedule)

_______of____ (for Schedule A)

SCHEDULE

Reset Form

relia

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consangulnity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

For Instructions, See Back of I	rorm	m
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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)		(Rev. 07/03)	RECEIPTS
	· •	☐ CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)		. —	NDING FORM
patshey com			

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DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE*	AMOUNT RECEIVED	√ IF FOR FUND-	
(MM/DD/YR)	AND PAC CHECK NUMBER		(if applicable)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	RAISER INCOME	
. 1	ID#	ANGE ACSSEY	, , , , , , , , , , , , , , , , , , ,	¢		
10/17	CK#	1745 APPLEWOOD PL NE	-	\$ 100		
	ID#	MANT PORT BECKER				
10/17	CK#	2838 SUERHANY NE				
(4)(7		Cr 52402		100		
	ID#	brey SEYFER				1
10/17	CK#	2007 152 AVE SE		50		
**************************************	ID#	02- 52403				
1	CK#	STEVE : KATHY KNULLE BIZL ADINGMANUL NE				
60/17		512L ADMINISTE		21		
,	ID#	KEY SMITH				1
10/17	CK#	16824 INDIGO MO SCUTCH GROVE FA 52310		100		
	ID#	SCUTCH 6AUVE FA 52310	_	'		-
10/17	CK#	TODD & KIM NOKEUIL				
() ()	1	2503 WAGON THAIL PLD 02 5240 3		50		
. 1	ID#	JERRY ZIESE				1
10/17	CK#	1754 Appieuron NE		(5		14/1 \$ 80
	ID#	32702		ļ	ļ	-
	CK#					
	10.					
	ID#					
	CK#					
	ID#				 -	-
	CK#					
·	<u> </u>					
			SUB-TOTAL	\$ 475		
		TOTAL (if last page	of this schedule)	* 117	1	

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Page ______ of ____

SCHEDULE

MONETARY

Reset Form

SCHEDULE (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Stateme	nt of Organization)
Datshey.com	

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DATE	DAC ID NUMBER 1	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	TO CANDIDATE*	RECEIVED	FUND-
(MM/DD/YR)	AND PAC CHECK		(if applicable)		RAISER
	NUMBER ID#	D			INCOME
1.1.	j	Bred Canfield		\$ 100.	
4/28/09	CK# 4721	4731 Leptechaun Ln NE	,	100.	Ļ
·	1D#	Ceder Region In 52411			
	10#	Jest Elgin			
11	CK# 5579	1940 Bownson In NE		1 250.	L
	1D#	cedar Acpids IA 52462			·
,		Kord Kazimour =			
14	CK# 5 50	2041 Report Or SC		o 100.	L
	-10 8 B	cedar Rapida In 52403		ļ	
		B.D. Cooper	1		
11	CK# 91 23	575 Aspen Cn 52220		250.	L
	ID#	Robins TA 52328			
		4404 East Post Rd SE			
* 1	CK#9039	Codar 1201 00 52403		50.	L
	ID#	Alexander Marchet	 		
1		KOT/HOGY BENEVOUR		100	
11	CK# 7522	3839 Belden C+ NE 3403		100.	L
	ID#	GederiRapida In 52402		 	
·	"	1200 12 Ave NE SIOZ			
11	CK#7189	3000		100:	L
	ID#	Cedar Aprilos IA Satos			
, ,		Anthur Kelart	1		
11	CK# 8453	PO BOX 222 W. Jernan IA 52314		$ (\infty) $	L
	ID#		 		
(1		Kon largan	1		1
l ``	CK# Shaff	2225 Ridgeway or Sc		100.	L
<u> </u>	1D#		<u> </u>	 	
	CKH	THO BUENAME SE			
11	CK#3747	cedar Browls IA 5240	4	(50.	
L		De la companya dela companya dela companya dela companya de la com	SUB-TOTAL	 	<u> </u>
		•		\$ \350-]
		TOTAL (if last page	e of this schedule)	æ	1

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chedule A)

Reset Form!

	SCHEDULE	
. !	A (Rev. 07/03)	MONETARY RECEIPTS
	CHE	CK THIS BOX IF

AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAM	IE (Must be same a	s on Stateme.	nt of Organization)		
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STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE	818 18 11 11 11 11				
RECEIVED	PAC ID NUMBER (if applicable)		LATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK	1	CANDIDATE* applicable)	RECEIVED	FUND
	NUMBER	, and the second	арриодыо)		RAISER
.11	ID#	Arlon Berkhot			
1/28/01	CK#	2222 1st Ave NE UM. 703		\$ 150.	
-' $-'$ $-'$ $-'$ $-'$	CK#6114	Cedar Region En 52402		150.	· L
	ID#	Tom Parks Many Hindman			
		177 Recrost SE			
\\	CK#(989			(00	·
	ID#	Cedar Rapian It 52403		(00.	
		James somment			
. (,	CK#6325	185 Margan CT.	i		'
	6225	reduce Rapids 5241)		50.	L
	ID#	James Barria =			
١٢	CK# -, ,	4801 Will proofs of NE		100	
	CK# 76(Cedar Ropids In 52411)00.	L
	ID#	Saniel Horch			
11	CK#1 7 41 -				
100	CK#1247			200.	
	ID#				······································
		Dorald Muller			
1 (CK# 1040	2142 Coffage Grove Mandows	, i	100.	
	ID#	CEDON REPUBLISHOS		100.	
	,	Rodne Jiruska			
1,	CK# (945	191 Seminole In 1301		100.	
		Cocoa Beach, 71-32931		100.	<u> </u>
	ID#	James Pare.			
(1	CK#	3699 North Cerk	1	100	
` .	7254	Terr Rapids Tx 52403	ļ	(00.	L
	ID#				
	CK#	Keith Kopee	. [,	1
11	CK#_7824_	265 Blike Blud SE		(00.	
·	D#	Coclar 1841/10 III 85403			
		um. Nicholson			
H	CK#/284	365 Lindsay Lin		200.	<u></u>
	(() () ()	COLUC RUTTON TA 52463			
•		SUE	3-TOTAL	\$ 1200.	
		TOTAL /SEA-4		\$ 1200.	
		TOTAL (if last page of the	is schedule)	ا ، ا	

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Page of (for Schedule A)

REALIFORM

SCHEDULE A (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

$\mathcal{O}_{\mathcal{A}}$	COMMITTEE NAM	E (Must be same	as on State	ement of Orga	nization)	
parsney.cm		Datshey	·cm	<u> </u>	• .	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAG (POLITICAL ACTION COMMITTEE), LIST THE PAG IDENTIFICATION NUMBER AND THE PAG CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME	
9/29/69	ID# CK#3474	Stephen Gray ZLH9 Indian Hill Rd Cedar Ropidy In 52408		\$ 150.		
11	CK#5609	Stace Stewart 4840 Willorbok CTNE Cedar Regids IA 52411		100.		
(1	ck#6403	Haul Rossburger 512 Knollwood gr 50 Cellor Ropids to 52403		100.		4 - 2
9/30/09	CK#	DAVID & MARY GO RATER 530 VERNON DR SE CR SLYO3		100		
9/30/09	CK#	MO F SALLY IGRAM 360 PARKLAND SE CR SZYUZ		100		
9 30 00	ID#	STEVE & MARY BETH ALLSUP SZI FAIRVIEW SE CA SZYOZ	:	200		
9/30/09	ID# CK#	RICK & CANSY ALTURER. 221 FOREST SE CR 52403		200		
9/20/09	ID# CK#	JOHN HELBUNG 721 BEAVER RADGE CITE CA 52403		100		
9/30/04	ID# CK#	MARK AMERSLAND 540 VERNUM SE CR 82403		25		
,	ID#					
	· · · · · · · · · · · · · · · · · · ·	A CONTROL OF THE PROPERTY OF T	SUB-TOTAL	1018	 	

TOTAL (if last page of this schedule)

Page _____of___

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Reservoir

SCHEDULE A (Rev. 07/03)

MONETARY RECEIPTS

CHECK THIS BOX IF

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1	ID#	CLANE + KATHY NEIGHBORS		\$	
10 23	CK#	4221 PIONEER TR SE		100	
<u> </u>	ID#	DARYL + SUSAW SPINEY			
10/23	CK#	2107 SANDALWOOD NE		100	
	ID#	SCOTT ERIAME			
10 23	CK#	3820 RICHLAND NW CP 52405		100	
	ID#	DAVID + KAREN LANSING			
10 23	CK#	1860 COUNTAY (LUB CORIALUNIE 5224,		100	
	ID#	LOREN & PAT COPPOCK			
10 23	CK#	3603 TIMBERLINE NE		100	
	ID#				1
	CK#				
	ID#				+
	CK#				
	ID#				+
	CK#				
	ID#			1	
	CK#				
	ID#			 	+
	CK#				
	_ !		SUB-TOTAL	 	
				\$ 500	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of of (for Schedule A)

TOTAL (if last page of this schedule)

14/19

For Instructions,	See	Back	of	Form
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Reset Form

SCHEDULE

A MONETARY
(Rev. 07/03) RECEIPTS

CHECK THIS BOX IF AMENDING FORM

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
patchey. c-	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF	CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
2-16-09	ID# CK#	(W? Energ	FMMED		\$.41	
3-15-09	ID# CK#	\(\cdot\)	- 11		. 22	
4-13-04	ID# CK#		4		.35	
5-13-64	ID# CK#	Ne	4		. 36	
1-13-09	ID# CK#	\1	4		.37	
5-26	ID# CK#	DENUSIT			197.16	
, i.e. 100 (100 a 100 - 100 a	ID# CK#		<u> </u>			
	ID# CK#	A. Market and the second secon				
	ID# CK#					
· · · · · · · · · · · · · · · · · · ·	ID#					
4	<u> </u>			SUB-TOTAL	198.97 s /-81	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 7 of (for Schedule A)

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

'Reselvan'

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES	
	CK THIS BOX IF ENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9-15	ID# CK#	CERM RAMINS	LOSER PRIMER	\$ 74 88
6-27	ID#	US POST OFFICE	PUSTAGE	264.00
P-17	ID# CK#	SILM PRO	\$16NS	1,185.0
19217	ID# CK#	5-70165	ANTO PADEN	43.4
16-18	ID# CK#	STAPLES	ENVELOPSS TONER	118.29
9-19	ID# CK#	US PUST OFFICE	PUSTAGE	220.00
10-19	ID# CK#	OFFICE MAY	ENVELOPES PAPER	71.21
10-24	ID# CK#	US POST OFFICE	PUSTAGE	516.63

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventored on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-tarsing advertising, menageng, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure, medical personnentity on behalf of the candidate's complified. (Refer to Schedule G instructions and lower Code 68A,402(3)(5).)

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Page	/ o	· 6	

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF ENDING FORM

	Paish	ley. Cum	·	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursament) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10-27	ID# CK#	CERM NAPIRS	PRINTING	\$ 1051.43
8.31	ID#	GO DANOY	WEB	196.94
9-17	ID# CK#	CEDM RAPIOS 71	PROSTER	855.99
	ID# CK#			× ·
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID#	·		

SUB-TOTAL \$_
TOTAL (if last page of this schedule) \$\mu \tag{2} \mathred{C} \tag{2}

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

CK#

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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